CLAIMS ONLY

Application Number	Filing Date
10520765	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8			1				58						
9							59						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			2				Total Indep						
Total Depend			16				Total Depend						
Total Claims			18				Total Claims						